VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13942

1. PLACE OF BEATH G. COUNTY Showard MARYLAND	2. USUAL RESIDENCE (Whate deceased lived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES \(\sqrt{NO} \)
3. NAME OF DECEASED (Type or print) Annie a. Middle	Chers DEATH Cleenhar 26 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	PADATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Maryland USA
13. FATHER'S NAME ? Dayle	14. MOTHER'S MAIDEN PLANE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (1905, no., or unknown) (19 yes, give war or dates of service)	Mr Drank alker Jessey Mid
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), staining the under- lying cause last.	n = Arteur-Sclerosis 5 ys.
5 Diabetes	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. P. Hour a. m. 19 While Not while at work at work at work 1	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
21. I certify that (I) (this haspital) attended the deceased fram, saw the deceased alive an Notice of particles.	death accurred a C.A., from the causes and an the date stated above
220. SIGNATURE Shipley	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 276/DATE
22c. PHYSICIAN'S NAME (Type) Frank EShipley	22d. ADDRESS Savage, Ma.
230. BYRIAL, CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY COMOVAL (Specify) / 2/29/60/Readum	idge Mem Ruch Warrey Mid
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRARY SIGNATURE Contling S. Kraus

HINGONG SHOWING

KSEET

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13966

CERTIFICATE OF DEATH

Reg. Dist. No. 13943

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1,	PLACE OF DEATH o. COUNTY Howard			MARYL	AND	2. USUAL RESID		ere deceased	l lived. If instituti b. COUNTY HOW		ence befo	re admissi	ian)
	b. CITY OR TOWN RURAL and give r Ellicot		its, write	c. LENGTH OF STAY IN	N 16	*		city	rate limits, write R	URAL and	give ne	arest tawn)
	or institution	St. Johns I.a	give street	address)		d. STREET AC		ıns Laı	ne				FARM?
3.	NAME OF DECEASED (Type ar print)	SALLIE	ROGER	Middle RS BAER		Last		4. DATE OF DEATH	Dec. 21		Do	•	rear
5.	SEX Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DIVORCED		Oct. 26			9. AGE (In years last birthdoy) 83 yrs.	Manths .		IF UNDE Hours	R 24 HRS. Min.
	. USUAL OCCUPATI	ION (Give kind of wark rking life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUS		icott	City	• •	12. CI	TIZEN O	WHATC	OUNTRY?
	John	n G.Rogers				Rebec	ca Th	ompsor	n				
1S.		ER IN U. S. ARMED FOI (If yes, give wer or dates of	RCES? 16.	social security no.		FORMANT			Add 3 S.St. J		Lane	E.C	. Md
	Conditions, if gave rise to cause (a), stating lying cause last.	immediate DUE TO	a	temolen	tiz.	carlo	· UZA, C	ceolar	Lucian		/	oy	lon
CERTIFICATION	PART II. OT	THER SIGNIFICANT CON	IDITIONS_C	CONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO	THE TERMI	NAL DISEASE	E CONDITION GIV	EN IN PA	RT 1(o)		RMED?
	OR CONTRIBUTING	AS UNDERLYING A G ACCAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of	injury in f	Part I ar Part	II af item 18.)				
MEDICAL	20c. TIME OF INJU Haur a.m. p. m.	10	While	NJURY OCCURRED 2 Nat while t at work		CE OF INJURY (H ory, street, office			ar tawn)		(Caunty)		(Stote)
	21. I certify t	hat I attended the	deceas	ed fram. 3-10	-	19.57	ta_la	2-21	1960	that I I	ast sav	w the d	eceased
	alive an}	2-20	, 124	2 <i>c</i> 2, and that c	death	occurred at			the causes ar		ne date		abave.
	ACTUAL SIGNATURE	Thomas &	2, 2	terbert,	A	1.0. 46	41	uch 19				12-2	2-60
L	PHYSICIAN'S NAME (Type)	Thomas F.	He	rbest, M.D	>	Ell	econ	el Cal	ge les				
22	BURIAL, CREMATIC REMOVAL (Specify Burial	226. DATE THERE		22c. NAME OF CEMET		CREMATORY			rion (City, town, erick.Md	ar county)		(State	e)
23.	FUNERAL DIRECTOR			ADDRESS				D BY REGIST	RAR 24b. REGI				
1	F C Higin	bothom Elli	cott	City, Md			DATE SE	G27'6	U C	Thun 9	4		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur TO HOSPITAL

may be retar—by the haspital or attending physician.

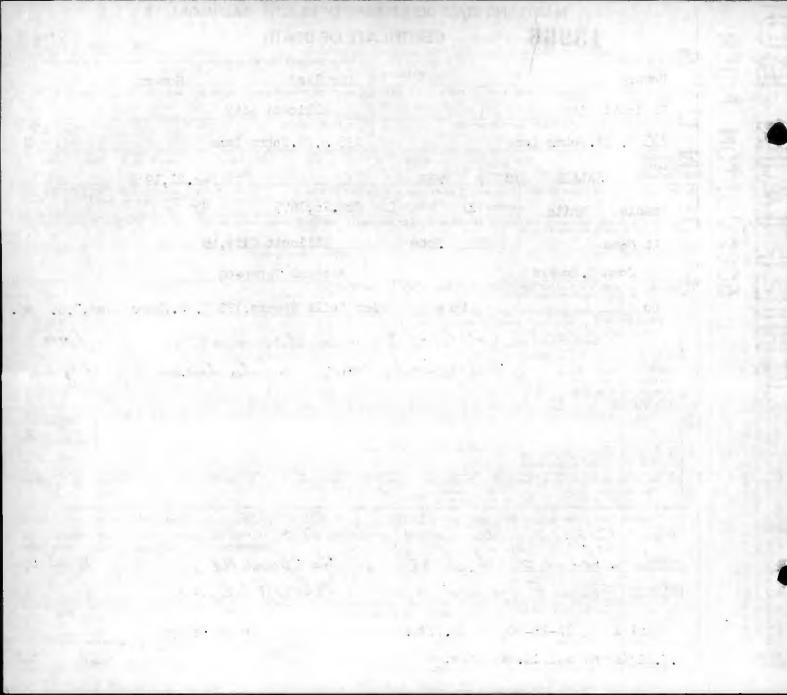
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camples page 3 shauld be detached for use as the burial-transit permit. Then please remove carborr papers, the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL

death, Page

Pages 1 and 2 should

and campletely filled in b

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TO DEPUT SEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any descriptions, mecassary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune. Airector. Page 5 at 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. It is a few pages 1 and 2 with the State Board of Heelth. It is the description of the page 1 and 2 with the State Board of Heelth.	The state of the s
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5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of (STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEAT						
. COUNTY	H		2. USUAL RESIDEN			did to be remaind mission)
	1	MARYLAND	*. STATE Maryland		Howard	
b. CITY OR TOWN write RURAL en	(if outside corporeta limits, d give necrest town)	c. LENGTH OF STAY IN 16		If outside corporate lin		give nearest town)
Ellicott	City		X Ellicott (City		
d. NAME OF HOSPI	ITAL OR INSTITUTION (if not in	hospital, give streat address)	d. STREET ADDRESS			o. IS RESIDENCE ON A FARM?
57 Mair	St.		57 Main St			YES NO X
NAME OF DECEASED	First	Middle	Lest	4. DATE OF	Month	Dey Yeer
(Type or print)	JAMES OLIVER			DEATH	Dec.7,19	60 19
. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8	. DATE OF BIRTH		In yeers IF UNDER 1 Y	
Male	White WIDO	WED DIVORCED	12-10-1880	79	yrs. Months D	ays Hours Min.
		. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY
Retired	orking life, even if relired)	None	Oella, Md			
FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Tem	uel Boldison			Hatfie	14	
S. WAS DECEASED EN	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	III of to	Address	
	If yes giva wer or dates of service)	030 05 3330				
NO CRITER OF	DEATH (Enter only one cause p	218-05-1118 M	s.Annie Bold	ison, 57 Ma	in St. El	Licott City
	H WAS CALISED RY.					ONSET AND DEATH
TARI LI DEN	IMMEDIATE CAUSE (a)	O -manager Mharamha	3 _			76 2
4 -	IMMEDIATE CAOSE (a)	Coronary Thrombo	0515			15 min
420	DUE TO	•				TO MIN.
42 (DUE TO	eriosclerotic Ca		r Disease		5 years
gave rise to immed	y, which (b) Art.	•		r Disease		
gave rise to immed (e), stating the	y, which (b) Art.	•		r Disease	*	
gave rise to immed (e), stating the cause last.	y, which tiets couse underlying DUE TO (c)	eriosclerotic Ca	erdio Vascula		ION GIVEN IN PART	5 years
gave rise to immed (e), stating the cause last.	y, which tiets couse underlying DUE TO (c)	•	erdio Vascula		ION GIVEN IN PART	5 years 1(0) 19. WAS AUTOPSY PERFORMED?
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pave rise to immedial to immed	y, which liste ceuse underlying DUE TO (c) R SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIPTION	eriosclerotic Ca	ardio Vascula	NAL DISEASE CONDIT		5 years 1(0) 19. WAS AUTOPSY PERFORMED?
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

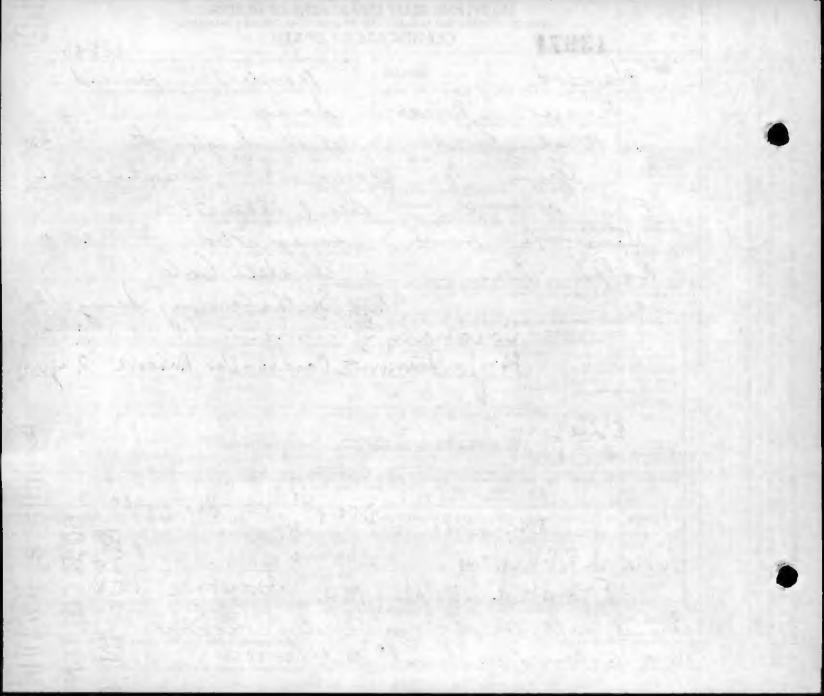
	13974	CERTIF	ICATE OF DEAT	Ή	13945
1. PLACE OF DEATH a. COUNTY	Haward	MARY	LAND 2. USUAL RESIDENCE		f institution: Residence before admission) COUNTY COUNTY
RURAL ond giv	N (If outside corporate limit e nearest town)	76 m	IN 16 C. CITY OR TOWN	ogganille	s, write RURAL and give nearest town) a. IS RESIDEN ON A FARI
3. NAME OF DECEASED	field /	Road	Stan	4. DATE OF	Month Day Year
(Type or print) S. SEX	6. COLOY OR RACE	7: MARRIED NEVER MARRI WIDOWED DIVORCE	1 1 0		(In yeors IF UNDER I YEAR IF UNDER 24 Hours Months Days Hours M
during most of v	ATION (Give kind of work of working life, even if retired)	Ione 106. KIND OF BUSINESS C	OR INDUSTRY 11. BIRTHPLACE (S	tote or foreign country)	12. CITIZEN OF WHAT COUN
13. FATHER'S NAME	EVER IN U. S. ARMED FOR		14. MOTHER'S MAIDI	garet il	is replacing to
	DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO	hat	Josephan J	mpartice Mont We	INTERVAL BETWEE
gove rise to couse (a), stati lying cause to	immediate DUE TO	Miller	ATA NOT RELATED TO THE TO	ERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMEI YES 1 NO
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY C	OCCURRED. (Enter nature of injury	r in Port 1 or Port 11 of iter	n 18.)
20c. TIME OF IN Hour o. P.	m. 10	While Not while of work Ot work	20e. PLACE OF INJURY (Home, factory, street, affice bldg.,		(County) (S
	eased alive an DE	attended the deceased C.15 19 60 and		19 to 19	uses and an the date stated abo
22c. PHYSICIAN NAME (Typ	14 , I diese	Lung Trees	M.D. ATTENDING PHYS.	MED: STAFF PHYS.	Decuby 17.1968
230. BURIAL, CREMA SEMOVAL (Spec		OF 23c, NAME OF CEM	etery or crematory	23d, LOCATION (CIP	y, town, or county) (State)
24. FUNERAL DIRECT	OR'S SIGNATURE	Lun Law.	1 /2 /	DEC 21 '60	Sb. REGISTRAR'S SIGNATURE Chilling S. Krana

VR A15 (4) 15M 9/59

MARYLAND	STATE	DEP	ARTM	ENT	OF	HEA	LTH	
ON OF STATISTICAL	RESEARCH	AND	RECORDS	-	BALTIM	ORE 1	, MARYLAN	11

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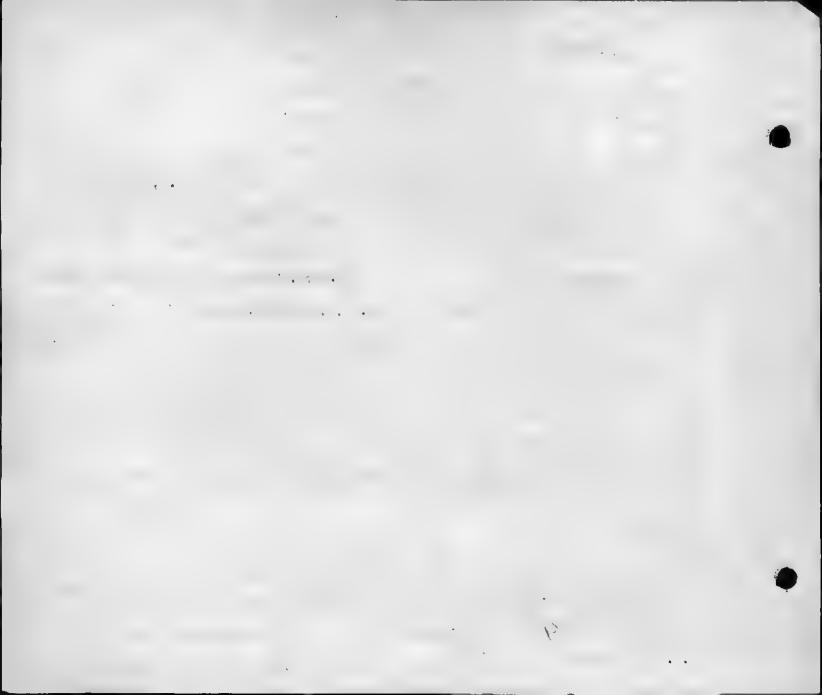
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1. PLACE OF DEATH	word		MARYLA	O.	SUAL RESIDE	NCE (Where de		If institution:	Fave	are admission)	
RURAL and give ne	autside carporate limarest town)	its, write c. Ll	ENGTH OF STAY IN		CITY OR TO	WN (If Autside		its, write RURA	L and give ne	earest tawn)	
	Mache	1	St	1	STREET ADD		hinge	an x	tt	e. IS RESIDE ON A FA YES N	RM?
3. NAME OF DECEASED (Type or print)	Gra	re	Middle	Da	Lost		DATE DEATH	Decem	der.	2 2 19	60
S. SEX	6. COLOR/OR RACE	7. MARRIED WIDOWED	NEVER MARRIED		lec 1	188	9. AGI		UNDER 1 YEA	R IF UNDER 2	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retiret	dane 10b. KIND	OF BUSINESS OR	INDUSTRY	11. BIRTHPLAC	E (State or for	meign country)	1	12. CITIZEN C	US A	A A
13. FATHER'S NAME	El .	lu		14,	MOTHER'S M	able	th C	ale.			
15. WAS DECEASED EVE Yes, no. or unknown)	IN U. S. ARMED FOI lif yes, give war or dates of	RCES? 16. SOCI	AL SECURITY NO.	70 INFORM	Bei	tha	Cana	Address	San	age !	mod
	TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Con	(a), (b), and (c).	y H	un	nlos	is	1		VSEL AND DE	
Conditions, if all gave rise to it cause (a), stating lying cause last.	mmediate DUE TO	, My	erten	shu.	E Ca	rdio	- Vas.	Dise	ese	24	126
Z CATI	FIRSIGNIFICANT CON	NDITIONS CONT	RIBUTING TO DEAT	TH BUT NOT	RELATED TO T	THE TERMINAL	DISEASE CON	DITION GIVEN	IN PART 1(a)	PERFORM	TOPSY MED?
20a. ACCIDENT WORK CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED. (Ent	ter nature of i	injury in Part I	ar Part II of i	tem 1B.)			
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Ye	While	Y OCCURRED Nat while at wark	factory,	of INJURY (He street, office b	ome, form, 20 bldg., etc.)	Y. (Cily or lav	rn)	(County	r}	(State)
21. I certify that saw the decease	nt (I) (this haspita	60 111	/ / /	-	accurred	3 P.M	from the	couses and		that (I) (we stated; a	
22g SIGNATURE	rkesh	upler	11		ATTENDING PHYS.	MED. DIRECT	OR STA	KFF YS.	17		OATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Frank	(E. S	Shiple	ey 1	1.D	√ →	wa	ge.	m	<i>y</i> .	
23a. BURIAL, CREMATIO REMOVAL (Specify)	12/24	0F /60 230	NAME OF CEME	-	emel	ery	Son	dity town, or	m	(State)	.70
24, FUNERAL DIRECTOR	S SIGNATURE	Lean	Laure	1 7		DATDEC 3	registrar 0 '60	11/	T & Kiny		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE ICAL EXAMINER'S (Items 8,9 FilmG276 3-60 et 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) 1. PLACE OF DEATH s necessary, director. Page e, COUNTY e. STATE b. COUNTY Howard Marvland
CITY OR TOWN (If outs de corporete limits, write RURAL end g ve nearest lown) lae/Hae MARYLAND b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Filicott City
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Ellicott City Boar IS RESIDENCE ON A FARM? refained State YES T NO RF and 3 to the fune 3. NAME OF M ddla DATE Mobile DECEASED OF the (Type or print) DEATH MARY ELIZABETH DAVIS Dec. 6, 1960 19
AGE (In years | F UNDER 1 YEAR | IF UNDER 24 HRS 19 With 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH may 2 with 1, 2, and 3 age 5 may 1 and 2 wil last birthday) WIDOWED Separate June 4,1883 Female 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPEACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Give Pages 1, At Home None pages Howard County Md P.M.3. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Wolfe

45. WAS DECEASED EVER IN U.S. ARMED FORCES? · Mary. Hoffman 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) (Ifyesgive werordales of service) No None Mrs. E.B. Saunders, RFD 2, Ellicott City, Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Diabetes Mellitus IMMEDIATE CAUSE (a) vears Office DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. nsed cremation. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 Arteriosclerosis CS NO pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 its designated agent, prior to buri 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Year (State) fectory, street, office bldg., alc.) Hour a.m. Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Y Inquiry and in my opinion death resulted from. Natural causes Y Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED execute SIGNATURE _ DEPUTY MEDICAL EXAMINER K DEFIC George E.Burgtorf M D NAME (Type) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) REMOVAL (Specify) 40 Burial New Cathedral Baltimore, Md 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE F.C. Higinbothom, Ellicott City, Md SM 7/59 arthur & Huma

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 19000 TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haursafter death. Page 4 may be retailed by the hospital ar attending physician.

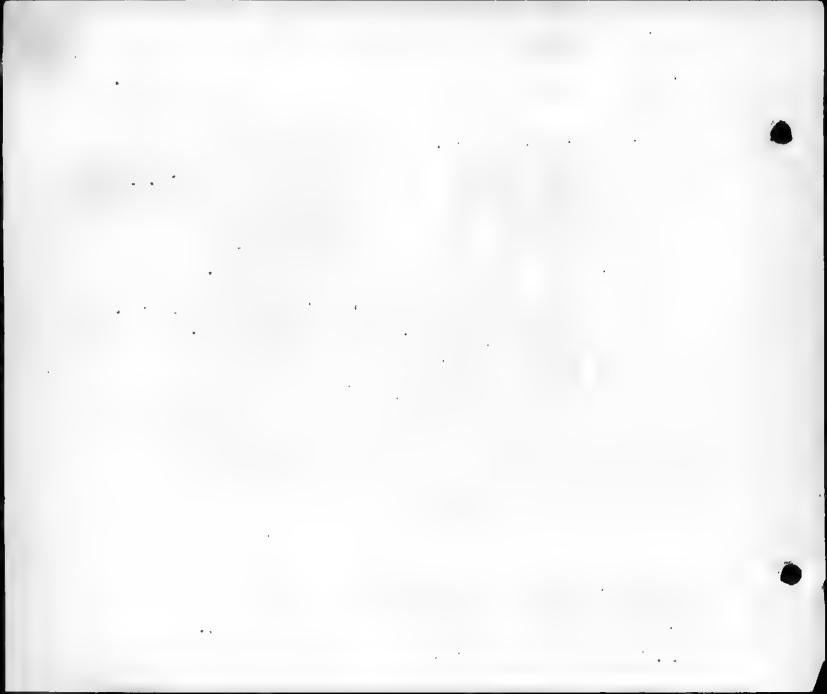
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13948

								KAR' DI	31. 140.		
1. PLACE OF DEATH o. COUNTY		MARYLA	- 11	o. STATE	ICE (Where dec		. COUNTY			admission)	
Howard				Md				Howar	200		
RURAL ond give	(If outside corporate limits, s learest town) Citv	write c LENGTH OF STAY IN	1Ь .	c. CITY OR TOV	VN (If outside c		nits, write f	URAL ond	give near	est town)	
		atract address)		. d. STREET ADD		U,y			1.	. IS RESIDEN	CE
OR INSTITUTION	TAL (tf nat in hospital, give	ineer dodress)		I G. STREET ADD	KESS					ON A FAR	M?
Shaffe	rs Convalesce	ent Retreat		Montg	omery R	oad				YES NO) (X)
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S SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B.	DATE OF BIRTH		9. AG	E (In years	¥.		F UNDER 24	HRS
Female	White w	IDOWED DIVORCED			1886	74	birthdoy) yrs	Months	Doys	Hours M	lin
10a. USUAL OCCUPATI	ON (Give kind af wark dan rking life, even if retired)	e 10b. KIND OF BUSINESS OR I	INDUSTR	Y IT. BIRTHPLAC	E (State or forei	gn country)		12 CIT	IZEN OF	WHATCOUN	TRY?
	ming line, even it rented)	27		Dol+	imore.M	3					
13. FATHER'S NAME		None	Ŧ	T4. MOTHER'S MA		+	-				
				14. MOTHER 5 MA	AIDEN NAME						
	nown	- I		Unknown Address							
(Yes, no, or unknown)	ER IN U. S. ARMED FORCES [If yes, give wor or dates of service		INF	ORMANT			Add	ress			
MO.			Mart.	in Shaff	er Mont	ഗവനകാസ	r Ros	4 1017	fanti	044	144
IR CAUSE OF DE	ATH (Fater only one course	per me for (a), (b), and (c)]	Ja-Nation 34	444	er stoute	3 0000	110811	<u> </u>		VAL BETWE	ENI
	ATH WAS CAUSED BY:	A 0 :	~ -	1-001	1	V 100 6	الب			T AND DEA	
	IMMEDIATE CAUSE (a)	KESTIK	HI	ारप	11/4	160	> /			146	
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cause (a), slating		HTASO	·V	1)					136	V-	
lying cause lost.	(c)_	41113							10		
Z PART II OT	HER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH	BUT N	OT RELATED TO TH	ETERMINAL D	EASE CON	DITION GI	EN IN PAR	RT 1(a) 19	. WAS AUTO	PSY
Ě										PERFORMED YES TO NO	
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OR CONTRIBUTING	AS UNDERLYING [] 201 G [] CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCC	UKKED	fruier nature at ir	pury in ran i a	rari II or I	nem lo ;				
20c. TIME OF INJU	RY Month, Doy, Year	20d. INJURY OCCURRED 20	le. PLAC	E OF INJURY (Ho	me, farm, 20f.	(City or tov	vnl	1	County)	(5	State)
Hour a.m.		While Not while	focta	ry, street, office bl	dg , etc.)			,		,-	
≥ p. m.	19	at wark at work			. 1						
21. I certify t	hat I ottended the de	eceosed from		195%	10_12-	12	19/01	Pat Lla	et saw	the deced	nsad
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olive on	Z1}	IY (OL) , ond that de	earn o	ccurred at_\	3 Ay, fro	om the c	ouses or	d on the	e date	stated ob	ove.
Y	2 111				ADDRES	S (Street, E	ity or town,	slate)		DATE SIG	iNED -
ACTUAL SIGNATURE	VThore -	2	M.I	D	109	20	/www	010	× 15	4 12	-14
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PHYSICIAN'S NAME (Type)	ELEUN	. THORPE	- 1	17	をしい	DT	7 51	77	1	12	
22a. BUR.AL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETE	RYOR	CREMATORY	22d. LG	CATION (City town,	or county)		(State)	
REMOVAL (Specify Burial	12-15-60							.,			
23 FUNERAL DIRECTOR		Parkwood ADDRESS		1.		Ltimo		STRAR'S SI	COLATIO		
	bothom, Ellico				e. REC'D BY RE		240. KEGI	JIRMK S SI	OTAKI UKI		
L. O. HT. TH	DOCTION STATE OF	OTON PHIC		D.	ATE DEC 1	9 '60	(Vinn 8	tiente	d	

VS A15 (4) 1SM 9/SB



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE **EMEDICAL EXAMINER'S** CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Res. of lector, Page your files. e. COUNTY b. COUNTY Marvland Howard Howard MARYLAND b. CITY OR TOWN (if outside corporate lim ts. TY OR TOWN (if ou side corporate I m Is, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! 7 Simosonville Simpsonville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARME retained h State YES NO TA and 3 to the fun 3. NAME OF M ddle 4. DATE Month should be exacuted within 24 florms after ideath. If any ig. in pencil in larm 18. Bive Pages 1, 2, and 3 to the is office along with form PM3. Pages 5 may be retained by the pages 1 and 2 with the second by the pages 1 and 2 with the second within 72 hours after de-DECEASED OF Ť. (Type or print) DEATH CHRISTINE HUNT MARY December 19 60 5. SEX 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR ! IF UNDER 24 HRS. last birthday) Hours Feb.26,1908 Female White MIDOWED [DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Fitchburg, Mass None At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Deerv Mary Deery This certificals should be exacuted within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) | (If yes give weror detes of service) John W. Hunt, Box 498, Randallstown, Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED 8Y immediate cause (a) Gunshot wound of head DUE TO removal. (b) "pending" gave rise to immediate cause (5) DUE TO (e), stating the underlying Examiner 9 cause last. cremation, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO Medical shwald 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar neture of injury in Part I or Part II of Ilam 18.) PRIMARY DE OF CONTRIBUTING CAUSE OF DEATH. Shot self through mouth in the certifier.

forwarded to the Chier.

forwarded to the Chier. MEDICAL 2Dd. INJURY OCCURRED (20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., atc.) Whila Not While at work at work House Simpsonville, Howard. 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide XI. Homicide Undetermined manner CHIEF MEDICAL EXAMINER 3 designated ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED shand be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER 12/5/60 **EXAMINER'S** Russell S. Fisher. M.D. DEPUT NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Rurial National Gemetery Arlington, Va. _D 40 p 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME F.C. Higinbothom, Ellicott City, Md 5M 7/59 DATREC 8 arthur & House

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH **BALTIMORE 1, MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) Page Health, a. COUNTY a, STATE b. COUNTY files. Howard Maryland MARYLAND c. CITY OR TOWN (If outs de corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 director. write RURAL and give nearest town! for your 30 Ellicott City llicott City TO d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS be retained Tridelphia Road State | Tridelphia Road 3. NAME OF Middle 4. DATE 3 to the DECEASED OF the DEATH (Type or print) Dec.22 JOHNS OF with 6, COLOR OR RACE 7, MARRIED AGE (In years IT UNDER I YEAR NEVER MARRIED may last birthday) and Colored WIDOWED [DIVORCED N Female 61 Page 7 10s. USUAL OCCUPATION (G.ve kind of work 1Db. KIND OF BUSINESS OR INDUSTRY (11. BIRTHPLACE (State or fore gn country) done during most of working life, even if retired) Domestic Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME à Fannie Rogers William Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unkown) | (If yes give war or dates of service) Henry Johnson, Bethany Lane, Ellicott City, Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] wheratic Cardia- Vascular Dines. PART I DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO burial Conditions, if any, which gave rise to immediate cause DUF TO 100 (a), staling the underlying Desn cremation, PART ... OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION 2 Medical plno 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Chief CAL 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While the t at work at work execute the certificate, 0,0 Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy |]. Inquiry X forwarded to DIRECTO death resulted from: Natural causes X Accident Suicide Homiciae | Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL. DEPUTY MEDICAL EXAMINER F 12-23-60 8 DEPUT NAME (Type) George E. Burgtorf pinous Address (Streat, city, town, or county) 22. BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 40 8 Browns Chapel Burial Dayton ā 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR A15ME F.C. Higinbothom, Ellicott City, Md 5M 7/59 DABEC 2 9 160 arthur S. Thank

MARYLAND STATE DEPARTMENT OF HEALTH

1

e. IS RESIDENCE ON A FARM?

YES NO Y

Yea

IF UNDER 24 HRS

PERFORMED?

NO T

(Stelle)

and in my opinion

DATE SIGNED

(Stata)

12. CIT.ZEN OF WHAT COUNTRY!

Howard

Months

Days

(County)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13977 CERTIFICATE OF DEATH

12051

70011		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where dec o. STATE	eased lived. If institutions Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY IN 16 c. CITY OR TOWN (If outside of	corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) / OR INSTITUTION 27 2/6	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) EDUALD ALS	Middle Lost 4. DA OF TIN' MADICA SE DE	ATH DEC 15 1960
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER 1 MAII WIDOWED □ DIN	MARRIED 8. DATE OF BIRTH VORCED 19. JHA 1938	9. AGE (in years lost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane of the total during most of working life, even if retired) MRCHILLT HELER PLATE	NESS OR INDUSTRY 11. BIRTHPLACE (State or fore	gn country) 12. CITIZEN OF WHAT COUNTRY 1. 54
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
FDUARD A'STIR' MADISON' SI	C.LAIRE E	STELLE BRADY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI (Yes, no or unknown) (If yes, give wor or dates of service)	TY NO. 17. INFORMANT	AUSTIN PAPOKON SR
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stoling the under lying couse lost [b] DUE TO (c)	ALIZED LYMPHOSA	ONSET AND DEATH 12 AILS 18 May
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ON ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJ OR CONTRIBUTING TO CAUSE OF SEATH OF EITHER, NOTIFY MEDICAL EXAMINER OF CONTRIBUTING TO CAUSE OF SEATH OF EITHER, NOTIFY MEDICAL EXAMINER OF CONTRIBUTING TO CAUSE OF SEATH OF EITHER, NOTIFY MEDICAL EXAMINER OF CONTRIBUTING TO CAUSE OF SEATH OF EITHER, NOTIFY MEDICAL EXAMINER OF CONTRIBUTING TO CAUSE OF SEATH OF EITHER, NOTIFY MEDICAL EXAMINER OF CONTRIBUTING TO CAUSE OF SEATH OF EITHER STATEMENT TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF SEATH OF CONTRIBUTING TO CAUSE O	CFPT HISTORY OF	TRACMA AT LINEYES NO NO
OR CONTRIBUTING TO CAUSE OF SEATH OR CONTRIBUTION TO CAUSE OF SEATH OR CONTRIBUTING TO CAUSE OF SEATH OR CONTRIBUTION	ED 20e PLACE OF INJURY (Home, farm, 20f.	
p.m. 1404 1959 of work of work 21. I certify that I attended the deceased from		DELTON ANN APONDI MENT, 19 that I lost sow the deceased
otive on Titles 15 , 1920 , and		from the couses and on the date stated above \$\$ (Street, city or lown, state) DATE SIGNED
SIGNATURE MALL MALL	M.D. 467- MAYBE	ST. LAIRI'L MY 12/15/
PHYSICIAN'S O 14 N R . B U E C C		OCATION (Co.)
Benoval (Specify) 12/17/60 St/	Pauls Lutheran F	OCATION (City, town, or county) (Stote)
23. FUNIERAL DIRECTOR'S SIGNATURE ADDRESS	uel Med DATEDEC 21	.//

he funeral director, should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reach of RECTOR: After this certifical has been signed by the attending physician and campletely filled in page 3 should be detacled for use as the larial-transit permit. Then please remove carbon papers. Pages I and the Egistrar prior to buriol, cremation, ar remarkel, and in any event within 72 hours offer death. may be re TO HOSPITA VS A15 (4) 15M 9/55



13978

CERTIFICATE OF DEATH

Reg. Dist. No. 13952

1. PLACE OF DEATH							iere deceased	lived. If instituti		before adm	ission)
a. COUNTY HO	ward		MARY	LAND	a. STAT		land	b. COUNTY	Howai	กำ	
b. CITY OR TOWN (II RURAL and give ne Lche		ts, write	c LENGTH OF STAY	IN 1b	XCITY		Lchest	ate limits, write f	RURAL and gr	ve nearest to	wn)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	ive street	address)		d STRE	ET ADDRESS				e IS R	ESIDENCE A FARM?
OK 1143111011014	Old Ilche	ster	Road			QLd.	Ilches	ter Road	d	YES (NO 🔯
3. NAME OF DECEASED (Type or print)	Fir		Middle		-	Last	4. DATE OF DEATH	Mai		Day 25	Year
5. SEX	Donald	Joh			B DATE OF	OLDTIA	1	P. AGE (In years	Dec.	YEAR IF UN	19 60
Male	White	WIDOWE	NEVER MARRIED DIVORCE		Date	- 60 6-		last birthday)		Days Hour	
10a USUAL OCCUPATIO	N (Give kind af wark ing life, even if retired	dane 10b	KIND OF BUSINESS O	R INDUS	TRY 11. BIR	THPLACE (State	ar foreign cou	untry)	12.CITIZ	EN OF WHAT	COUNTRY?
Electrit			lf employe	А		Marvla	nd		7.1	SA	
13. FATHER'S NAME			THE SHIPT OF I	4	14. MOTH	ER'S MAIDEN N			1	- 11 & 11	•
	Edward B.	McDon	ald.			Marrie	Anna K	rahan			
15. WAS DECEASED EVE	IN U. S. ARMED FOR	CES? 16.		11	FORMANT	TOZZI V	KIBIG_II		fress		
	World war	_ 1 _	12-18-2042	Mr	s. Cec	ilia Mc	Donald	Ilches	ter. M	3	
		use per lit	ne for (a), (b), and (c).	1,0	1.			/		INTERVAL ONSET AN	BETWEEN D DEATH
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450	DUE TO	× 5	0		-On	- G	- 00-	2000	0		
Canditions, if a	y, which) (s.	, Un	vemoran	J R	com	0	1	1	7		
gave rise to it		-00	Jey to to	\$2		G 1/		61	4		
lying cause last	tue nuditi-	1_14	Herosche	offer	= Ca	dio las	ec. He	eneldia	1 and		
PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO BE	ATH BUT	NOT RELATE	D TO THE TERM	NAL DISEASE	CONDITION G	YEN IN PART	1(a) 19. WA	S AUTOPSY ORMED?
PART II OTH		Co	a cuara serve	7) 1	actino		mich !	Alighente	more		No.K.
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CEURRED). (Enter nati	re of injury in	Part Wor Part	Il of frem 18)			
No TIME OF INJUR	Y Manth, Day, Ye	ar 20d It	NJURY OCCURRED	20e. PLA	CE OF INJU	IRY (Hame, farm	20f. (City	or tawn)	(Co	zunty)	(State)
ZOc. TIME OF INJUR Hour a.m. p. m.	19	While at war	Nat while	rac	tory, street,	office bldg., etc	1				
	ot I attended the	deces		7N-	, 19 ^d	7.10	Der.	25, 1960	Maria I Inc	h annu Alun	
alive an	or runended me	194					7	he causes ar	ginat i las	r saw ine	deceased
dive di	7/	07	, and mai	dealn	accurreu			ne causes ar eet, city or town			ATE SIGNED
ACTUAL SIGNATURE	Ating	7.1	Throng	ノ_,	W.D	4116	Edm	orden	Ane	/	2/27/
PHYSICIAN'S NAME (Type)	HARRY A	KK	NIFFM	.A.		Ba	Fin	ore of	9 2	md	
220. BURIAL, CREMATIO	N, 22b. DATE THEREC)F	22 NAME OF CEM	ETERY OF	R CREMATO	RY	22d. LOCATI	ON (City, tawn,	or county)	(SI	ate)
REMOVAL (Specify) Burial	12/29/	1960	New Car	thed:	ral		Bal	timore,	Md.		
23. FUNERAL DIRECTOR		61	ADDRESS				D BY REGISTR	AR 24b. REG	ISTRAR'S SIG		
casten 7	126261.7666	74028	ZC'_ Catons	vill	e, Md.	DATES	161 A.	Car	Chung S. F.	LALLA	

ther death. Page 4 2 should be filed with TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hour may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by page 3 should be detached for use as the burial-transil permit. Then please remove carbon papers. Pages 1 and if the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death

VS A15 (4) 15M 9/5B

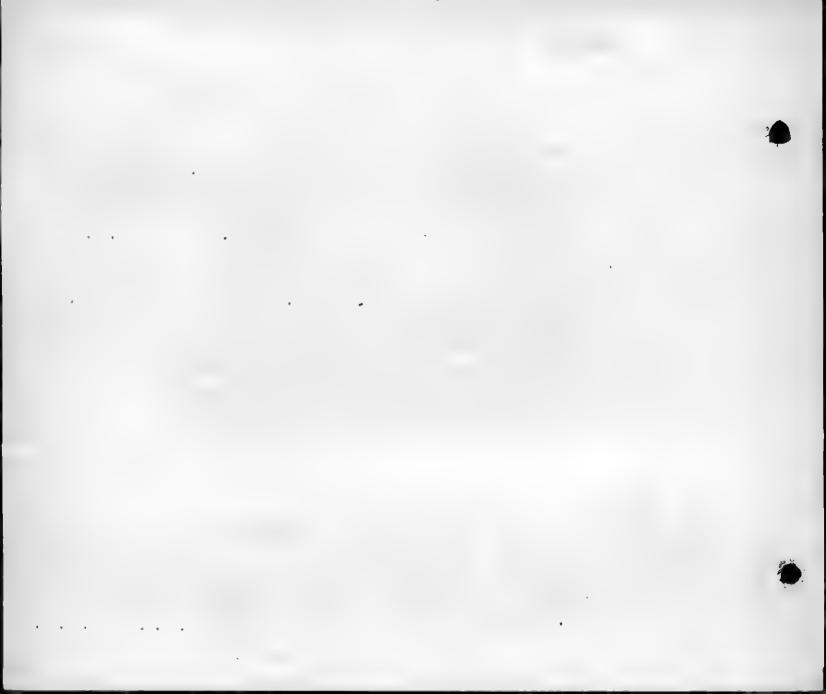


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MARYLAND	STATE	DEPARTMENT	OF	HEALTH
ION OF STATISTICAL	RESEARCH	AND RECORDS I	BALTIA	AORE 1. MAI

13979 DIVISI **CERTIFICATE OF DEATH**

13373 CER	TIFICATE O	F DEATH		12052
1 PLACE OF DEATH COUNTY HOWARD		AL RESIDENCE (Where decease ary Land	b. COUNTY HC	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawa) Laurel (rural)	* a)	ITY OR TOWN (If outside corpaurel (rural)	prote limits, write RURA	L and give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d s	TREET ADDRESS		e is residence on a farm? YES P NO
3 NAME OF DECEASED (Type or print) Annie Katherind Mosley	tiddle	Lost 4. DATE OF DEATH	Dec. 6, 1	17
Female 6 COLOR OR RACE 7 MARRIED MEVER M	ARRIED B. DATE (DRCED Jan	16, 1891	9. AGE (In years left) Me	UNDER 1 YEAR IF UNDER 24 HRS onths Days Hours Min
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse Private 1	1	BIRTHPLACE (Stole or foreign or irmingham, Ala		12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		other's maiden name Molly Byrum		
Riley McGraw 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT			Address	
(Yes no, or unknown) [If yes, give wer or obles of service)	1117	race M. Denslo	-	ville, Va.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	nary	SC CUR SC CUR ATED TO THE FERMINA DISEA	elisa SE CONDITION GIVEN	INTERVAL BETWEEN ONSET AND DEATH N PART 1(o) 19 WAS AUTOPSY PERFORMED?
200 ACCIDENT WAS UNDERLYING [] 206 DESCRIBE HOW INJU OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		noture of injury in Part I or Pa		YES D NOT
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o m. While of work at work to	D 20e. PLACE OF II factory, stre	NuRY (Hame, farm, 20f (Citet, office bldg., etc.)	y or town)	(County) (State)
21 I certify that (I) (this haspital) attended the deceded saw the deceased alive an	and that death a	TENDING MED DIRECTOR DI ADDRESS	STAFF	, 1960, that (1) (we) last an the date stated above 22b DATE SIGNED
	cemetery or crema essional		TION (City, town, or co	,,
20 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	bw	250 REC'D BY REGIS		AR'S SIGNATURE



F.C. Higinbothom, Ellicott City, Md

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE

9 15M 9/55 Rea, Dist. No.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS. Days

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES NO

(State)

DATE SIGNED

(State)

21000

(County)

12. CITIZEN OF WHAT COUNTRY?

Months

e. IS RESIDENCE ON A FARM?

YES NO

Year

19

Min



TO HOSPITATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hrs. after death. Page 4 may be used by the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, crematian, ar remaval, and in proveent, within 72 haurs after death

I

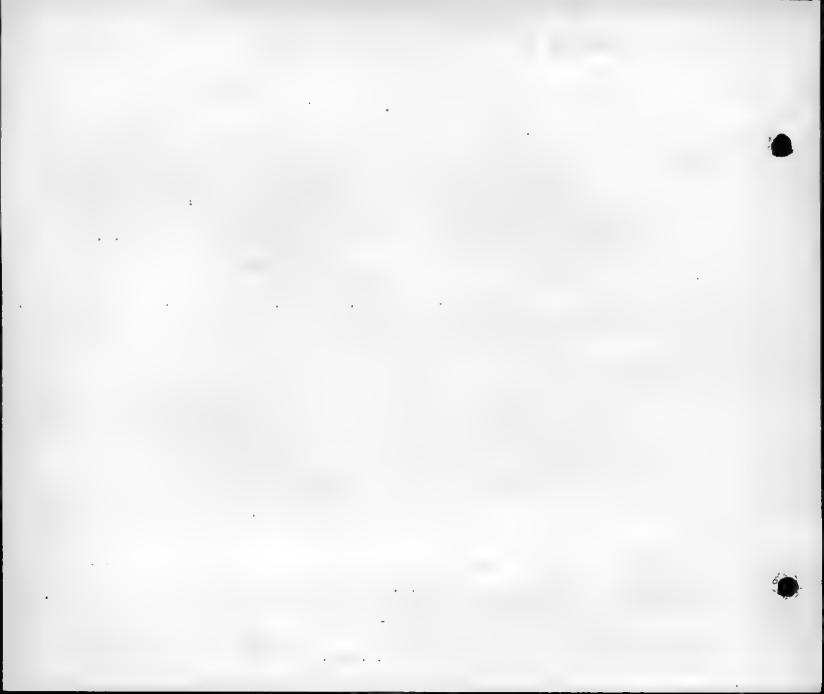
13970

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE O

DEATH		139!)
RESIDENCE (Where deceased lived)	If institution:	Petidence before d	201

1. PLACE OF DEATH • COUNTY HOWARD MARYLAND			2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b county Baltimore City							
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City		c. LENGTH OF STAY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 7)	
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Taylor Manor Hospital			d street address 5310 Gwynn Oak Avenue o. 15 RESIDENCE ON A FARM? YES \(\) NO \(\)							
3. NAME OF First DECEASED (Type or print) James		Middl Da vi		Norris	4. DATE OF DEATH	Decen		7.	Yeor 60	
5 SEX. Male 6. COLOR OR RAI		White win	MARRIED A NEVER MARR	ED 🔲	Oct 2, 1892	2 3	68 68 yrs		YEAR IF UNDE	R 24 HRS Min.
10a. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer Co.		106. KIND OF BUSINESS Constructi		Virginia	_	ntry)	12 CITIZE	S.	OUNTRY?	
13. FATHER'S NAME				14. MOTHER'S MAIDEN N						
		uel Norris			Rachael I	Hurley				
[Yes	. no, or unknown) [R IN U. S. ARMED FORCES? If yes, give war or dates of service)			FORMANT		Addr			
	No		218-09-304		rs. Mary E.	Norris	s - 5310) Gwyi		
		TH [Enter only one couse p TH WAS CAUSED BY.							INTERVAL BE	DEATH
	1133	IMMEDIATE CAUSE (o)	Myocardial	lall	ure				3 hou	rs
	7-1-	DUE TO								
	Conditions, if or gove rise to in									
	couse (a), stating t lying couse lost		Arterioscle	roti	c cardio vas	cular	disease		Unkno	wn
Z		ER SIGNIFICANT COND TIC	ONS CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERMI	INAL D SEASE C	ONDITION GIV	EN IN PART I	(o) 19 WAS	AUTOPSY
CATIC	Pulmon	nary emphyse	ma							RMED?
CERTIFIC	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRED	Enter nature of injury in I	Port I or Port II	of item 18.)			
MEDICAL CERTIFICATION	20c. TIME OF INJURY Hour o m. p. m.	W	Od. INJURY OCCURRED /hile Not while twork of work	20e. PLA foc	ACE OF INJURY (Home, form tory, street, office bldg., etc.	20f. (City or	town)	{Co	unty)	(Stote)
	21. I certify that				August 4 19					
	220. SIGNATURE	4 /	/ Unit	a mor o	edili dicoli ca-di 112	WE WOULD THE	ic cuoses un	u on me		DATE
•	Stephes	u la Max	Mess	A	M.D. PHYS. DI	ED IRECTOR	STAFF T	ec 23	, 1960	SIGNED
	22c PHYTICIAN'S NAME (Type)	Stephen Lee	Magness, M.	D.	22d. ADDRESS Taylor M	Manor H	ospital	, 211	icott _M	Gity.
23a	BURIAL CREMATION		23c. NAME OF CEA	AETERY OF	R CREMATORY	23d LOCATIO	N (City, town, o	r county)	(Stot	0)
]	Burial (Specify)	12/27/1960	Woodlav	vn Ce	emetery	Wood	lawn	Ma	ryland	
Ellsworth Armacost-4000 Liberty Hghts. Ave. Date 180 2 7 50 Cathur & Krata										



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 13972 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 4. DATE NAME OF Middle Month Day Year DECEASED (Type or print) 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS last birthday! Months Days Hours WIDOWED W DIVORCED | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form. | 20f. (City or fown) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from ...that I last saw the deceased alive an and that death occurred M, from the causes and on the date stated above. ADDRESS (Street, city or town, stofe) DATE SHENED 60 PHYSICIAN'S NAME (Type)

NAME OF CEMETERY OR CREMATORY

NDORESS

27d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

arthur S. France

24g. REC'D BY REGISTRAR

DATE

DEC 2 0

(Stote)

9 di di 0 15M 9/55

5. SEX

220. BURIAL CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

PO REMOVAL (Specify)

DATE THEREOF

The A The second secon THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3957 HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) I. PLACE OF DEATH is necessary, director. Page or your files. . COUNTY b. COUNTY a. STATE Howard MARYLAND Marvland Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Woodbine Rt 2 Hipsley Mill Road
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) . IS RESIDENCE d. STREET ADDRESS ö Boar ON A FARM? YES X NO s 1, 2, and 3 to the fun. State Woodbine death. 3. NAME OF First Middle 4. DATE Last Month Day Year DECEASED OF (Type or print) DEATH Dec. 7,1960 19 WITSON DAVID IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdey) Months Hours Min. Male White WIDOWED Feb. 22 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 done during most of working life, evan if retired) 24 hours Maryland IISA Farm Work Farm File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James M. Wilson Ruth Howard even! This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unknwn) i (If yes give wer or detea of service) Critice along with for burial-transit permit smoval, and in any e James M. Wilson Same as 2 none 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: Gunshot wound of perineum IMMEDIATE CAUSE (a) DUE TO removal, 10 Min. (b) "pending" gave rise to immediate cause Examiner's п DUE TO (e), slating the underlying 120 cause lest. pesn cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(18) CERTIFICATION PERFORMED? shauld be forwarded to the Chiri Medical E 8 NO A should 20e. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) While hunting climbed SEDICAL EXAMINER: CAUSE OF DEATH. on stump pulled gun up and accidentally discharged. shauld be forwarded to the Charl FUNERAL DIFFEROR: Page 3 its designated agent, prior to buri 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. [City or town] (State) 20c. TIME OF INJURY Month, Dey, Yeer factory, streat, office bldg., atc.) While Not While Hour e.m. at work at work Moodbine (rural) Howard Woods XPXmx Inspection 7 21. I certify that I took charge of the remains described above, held en Autopsy 1. Inquiry | VI end in my opinion Undetermined manner death resulted from: Natural ceuses Accident Y Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER A EXAMINER'S DEPU NAME (Type) George E. Burgtorf Address (Streat, city, town, or county) 22c, NAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Q VO 6 Laytonsville Laytons ville, Md. 12-10-60 Burial VS. A15ME Laytonsville, Fid. C-Ilma S. House 5M 7/59

24 9815.00 De 1, 7, 200 - 14 Tres 188 the state of the s meritario of the - 54 195 and the state of the state of the state of the state of dranital control of the first transfer of the Company of the State of State A CONTRACT OF THE PROPERTY OF the outstanding